L14000069985

(Red	questor's Name)	
(Add	dress)	
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(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co			
Ohana De	co LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Cristian Alexander		
		Name of Person	
	Ohana Deco LLC		
		Firm/Company	
	2600 Ponce De Leon Blvd	suite 607	
	<u> </u>	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	johannunezr@gmail.com	to be used for future annual report noti-	
For further information	concerning this matter, please c		ileation
Johan Nunez		305 776-8703	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	ation
Registration Division of	Section Corporations	Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ohana Deco LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	1
The Articles of Organization for this Limited Liability C	Company were filed on 04/30/2014	and assigned
lorida document number L14000069985	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited l <u>iability company here</u> :	
		7673
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		 ့ ယ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	ie name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Ziv Code
	City	Zıp C оде

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melany Zoe Alexander	2600 Ponce De Leon Blvd #607 Coral (Gables FL 3313♥ ■Add
			□Change
			□Add
			□Remove
			☐ Change
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Tective date, if other than the date of an effective date is listed, the date must be specite: If the date inserted in this block does cument's effective date on the Department.	rific and cannot be prior is not meet the applica	able statutory filing	requirements, this da	ng.) Pursuant to 605.020
ecord specifies a delayed effective date, t is filed.			n the earlier of: (b)	The 90th day after th
ted <u>05/23</u>		<u>.</u> .		
	JAN.		dottoop verified 05/23/23 6 15 PM ART RYE7-HVFT-UBFR-GCFG	
		rized representative o		

Filing Fee: \$25.00